

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022737

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

132

Primary Registration District No.

Registrar's No.

116

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Trenton Township

Length of stay in 1b  
Years

Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

At Home on Route # 7

Inside Limits  
Yes ☐ No ☒c. CITY  
OR  
TOWN

Trenton

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

R # 7

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First  
MillardMiddle  
RaymondLast  
Rhea4. DATE  
OF  
DEATHMonth  
JuneDay  
12,Year  
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-26, 95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Mercer County

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Rhea

13b. MOTHER'S MAIDEN NAME

Fannie Mullins

14. NAME OF HUSBAND OR WIFE

Ruth McKinnon Rhea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ruth Rhea

Address

Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the bowel "Colon"

INTERVAL BETWEEN  
ONSET AND DEATH

Few months

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ N-☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 1-1962

to June 12-1962

her

him

and last saw him alive on June 5-1962

Death occurred at

2:45

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B. H. Mullers M.D.

(Degree or title)

22b. ADDRESS

Trenton Mo.

22c. DATE SIGNED

6-14-1962

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

June 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Martin Cemetery

23d. LOCATION (City, town, or county)

Grundy County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gipson-Whitaker

Trenton, Mo.

25. DATE RECD. BY LOCAL REG.

6-14-62

26. REGISTRAR'S SIGNATURE

Drene Jaur

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Geo. H. Whiteaker*

Licensed Embalmer No. 4780

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.